



## Complete Summary

---

### **GUIDELINE TITLE**

Uncomplicated urinary tract infection in women.

### **BIBLIOGRAPHIC SOURCE(S)**

Institute for Clinical Systems Improvement (ICSI). Uncomplicated urinary tract infection in women. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 21 p. [34 references]

### **GUIDELINE STATUS**

This is the current release of the guideline.

This guideline updates a previous version: Institute for Clinical Systems Improvement (ICSI). Uncomplicated urinary tract infection in women. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jul. 21 p.

### **\*\* REGULATORY ALERT \*\***

### **FDA WARNING/REGULATORY ALERT**

**Note from the National Guideline Clearinghouse (NGC):** This guideline references a drug(s) for which important revised regulatory and/or warning information has been released.

- [July 08, 2008, Fluoroquinolones \(ciprofloxacin, norfloxacin, ofloxacin, levofloxacin, moxifloxacin, gemifloxacin\)](#): A BOXED WARNING and Medication Guide are to be added to the prescribing information to strengthen existing warnings about the increased risk of developing tendinitis and tendon rupture in patients taking fluoroquinolones for systemic use.

### **COMPLETE SUMMARY CONTENT**

**\*\* REGULATORY ALERT \*\***

SCOPE

METHODOLOGY - including Rating Scheme and Cost Analysis

RECOMMENDATIONS

EVIDENCE SUPPORTING THE RECOMMENDATIONS

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

CONTRAINDICATIONS

QUALIFYING STATEMENTS

IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

## SCOPE

### **DISEASE/CONDITION(S)**

Uncomplicated urinary tract infection

### **GUIDELINE CATEGORY**

Diagnosis  
Treatment

### **CLINICAL SPECIALTY**

Family Practice  
Internal Medicine  
Obstetrics and Gynecology

### **INTENDED USERS**

Advanced Practice Nurses  
Allied Health Personnel  
Health Care Providers  
Health Plans  
Hospitals  
Nurses  
Physician Assistants  
Physicians

### **GUIDELINE OBJECTIVE(S)**

- To decrease the use of urine culture as a guide in the therapy of uncomplicated urinary tract infection (UTI)
- To increase the use of short course therapy in women with uncomplicated UTI
- To increase patient satisfaction with management of uncomplicated UTI

### **TARGET POPULATION**

Women age 18 to 65 with uncomplicated urinary tract infection (UTI)

### **INTERVENTIONS AND PRACTICES CONSIDERED**

#### **Diagnosis**

1. Patient history and assessment of symptoms
2. Urinary analysis (UA)/urinary culture (UC)

3. Provider visit with pelvic examination for patients with complicating factors or symptoms/risk factors for other genitourinary diseases

**Treatment** (over the phone or during a provider visit)

1. Short-course antibiotic therapy
  - Trimethoprim-sulfamethoxazole
  - Trimethoprim
  - Nitrofurantoin (Macrobid) or ciprofloxacin if patient is allergic to sulfa or trimethoprim

**Note:** Short course therapy with cephalixin or amoxicillin was considered but not recommended.

2. Patient education that includes information on prescribed therapy, prevention techniques, and follow-up if symptoms do not subside

**MAJOR OUTCOMES CONSIDERED**

- Performance and results of laboratory tests, such as urinalysis and urine culture, including sensitivity, specificity, and predictive value
- Effectiveness of treatment according to drug and treatment duration
- Antibiotic resistance

**METHODOLOGY**

**METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

**DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

Not stated

**NUMBER OF SOURCE DOCUMENTS**

Not stated

**METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Not stated

**RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

Not applicable

**METHODS USED TO ANALYZE THE EVIDENCE**

Systematic Review

## **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

## **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

## **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

## **COST ANALYSIS**

The guideline developers reviewed published cost analyses.

## **METHOD OF GUIDELINE VALIDATION**

Clinical Validation-Pilot Testing  
Internal Peer Review

## **DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

### **Institute Partners: System-Wide Review**

The guideline draft, discussion, and measurement specification documents undergo thorough review. Written comments are solicited from clinical, measurement, and management experts from within the member groups during an eight-week review period of "Critical Review."

Each of the Institute's participating member groups determines its own process for distributing the guideline and obtaining feedback. Clinicians are asked to suggest modifications based on their understanding of the clinical literature coupled with their clinical expertise. Representatives from all departments involved in implementation and measurement review the guideline to determine its operational impact. Measurement specifications for selected measures are developed by the Institute for Clinical Systems Improvement (ICSI) in collaboration with participating member groups following general implementation of the guideline. The specifications suggest approaches to operationalizing the measure.

### **Guideline Work Group**

Following the completion of the "Critical Review" period, the guideline work group meets 1 to 2 times to review the input received. The original guideline is revised as necessary and a written response is prepared to address each of the responses received from member groups. Two members of the Preventive Services Steering Committee carefully review the input, the work group responses, and the revised

draft of the guideline. They report to the entire committee their assessment of two questions: (1) Have the concerns of the medical groups been adequately addressed? (2) Are the medical groups willing and able to implement the guideline? The committee then either approves the guideline for pilot testing as submitted or negotiates changes with the work group representative present at the meeting.

### **Pilot Test**

Member groups may introduce the guideline at pilot sites, providing training to the clinical staff and incorporating it into the organization's scheduling, computer, and other practice systems. Evaluation and assessment occurs throughout the pilot test phase, which usually lasts for three months. Comments and suggestions are solicited in the same manner as used during the "Critical Review" phase.

The guideline work group meets to review the pilot sites' experiences and makes the necessary revisions to the guideline, and the Preventive Services Steering Committee reviews the revised guideline and approves it for implementation.

## **RECOMMENDATIONS**

### **MAJOR RECOMMENDATIONS**

**Note from the National Guideline Clearinghouse (NGC) and the Institute for Clinical Systems Improvement (ICSI):** In addition to updating their clinical guidance, ICSI has developed a new format for all guidelines. Key additions and changes include: combination of the annotation and discussion section; the addition of "Key Points" at the beginning of most annotations; the inclusion of references supporting the recommendations; and a complete list of references in the Supporting Evidence section of the guideline. For a description of what has changed since the previous version of this guidance, refer to [Summary of Changes – July 2006](#).

The recommendations for uncomplicated urinary tract infection in women are presented in the form of an algorithm with 13 components, accompanied by detailed annotations. An algorithm is provided for [Uncomplicated Urinary Tract Infection in Women](#); clinical highlights and selected annotations (numbered to correspond with the algorithms) follow.

Class of evidence (A-D, M, R, X) ratings are defined at the end of the "Major Recommendations" field.

### **Clinical Highlights**

- Assess all women ages 18 to 65 with symptoms of urinary tract infection (UTI) for the presence of complicating factors. The presence of complicating factors warrants provider evaluation and may require additional diagnostic work-up. (*Annotations #2, 4*)
- Patients who have classic symptoms of UTI and no complicating factors can be offered the option of phone treatment, if preferred by both provider and patient. (*Annotation #8*)

- If laboratory evaluation is preferred by the provider, symptomatic women without complicating factors can be appropriately evaluated by a urinalysis rather than a urine culture. (*Annotation #11*)
- Symptomatic women without complicating factors can be effectively treated with the following recommended therapy: (*Annotation #9*)
  - Trimethoprim sulfamethoxazole double strength (D.S.) 1 twice a day (BID) x 3 days
  - Trimethoprim 100 mg 1 twice daily x 3 days

If allergic to sulfa or trimethoprim:

- Nitrofurantoin (Macrobid) 100 mg twice daily x 7 days
- Ciprofloxacin 250 mg BID x 3 days

Sulfa and ciprofloxacin may cause an increase in international normalized ratio (INR) values for patients taking warfarin.

- All patients should be provided patient education about the prescribed therapy and the need to return to clinic if the symptoms do not subside. (*Annotation #9, 13*)

### **Uncomplicated Urinary Tract Infection in Women Algorithm Annotations**

#### **1. Adult Female Presents or Calls with One or More of the Following Symptoms: Dysuria, Frequency, Urgency**

The classic symptoms of urinary tract infection (UTI) in women are dysuria, frequency, and urgency. One or more of these symptoms can trigger the initiation of the UTI guideline. Hematuria *alone* is not a classic uncomplicated UTI symptom. There is concern the presence of hematuria may be a sign of more significant disease. Patients whose symptoms do not subside should return to the clinic for a full examination.

#### **2. Complicating Factors Present?**

History-taking is essential in differentiating uncomplicated from complicated urinary infection. Women should be screened for the presence of complicating factors when presenting or calling with symptoms of UTI. Depending upon which complicating factor is present, short course therapy may or may not be appropriate.

Symptoms for which short course therapy with trimethoprim/sulfamethoxazole (TMP/SMX) is not appropriate:

- Symptoms suggest pyelonephritis or other more severe infection: long duration, rigors, flank pain, or temperature greater than 101 degrees F.
- Patient's medical history suggests likelihood of complicated urinary tract infection, or need for different investigation or therapy: diabetes, pregnancy, immunosuppression, underlying urinary tract disease or

renal calculi, recent medical intervention (hospitalization or catheterization), or recurrent UTIs or failure of therapy.

- Resident of an extended care facility

Factors for which short course therapy may be appropriate at physician discretion:

- Potential sexually transmitted infection (STI): an infected partner, other genitourinary symptoms. The patient should be seen and STIs ruled out.
- Younger or older patients (less than 18 or greater than 65). There is little literature documentation of efficacy of short course therapy in these age groups.
- Recent pyelonephritis or failure of antibiotic treatment. These patients may be at higher risk of complicated infection.

***Evidence supporting this recommendation is of classes: B, R***

### **3. Urinalysis (UA)/Hold for Urine Culture (UC)/Patient Education**

Instructions on collecting a clean-catch, midstream urine specimen should be given to the patient. A dipstick and microscopic urinalysis is performed and the specimen is saved for possible culture. Education should also be given to the patient regarding urinary tract infection. (Refer to Support for Implementation section, "Other Resources Available" in the original guideline document.)

The laboratory should be instructed to perform a urinalysis with microscopy and hold for possible urine culture. Urine specimens that are marked "Hold for UC" should be refrigerated.

The final decision about culturing should be left to the provider.

### **4. Provider Evaluation**

Symptomatic women with complicating factors may have a more extensive infection and/or a UTI with lower colony counts. Sensitivities should be obtained; hospitalization and/or urological evaluation may be indicated.

Women with a complicated history should be evaluated by a health care provider. The provider (physician or paraprofessional) will determine if a urine culture is necessary.

Complicating factors are listed in detail on the algorithm page (floating box 2 of the original guideline document), and include the following categories:

- Those that would preclude use of short course therapy
- Those that would allow for discretionary use of short course therapy
- Those that would necessitate a pelvic exam to rule out genitourinary disease

***Evidence supporting this recommendation is of class: R***

**5. Symptoms of or Risk for Other Genitourinary Diseases?**

Genitourinary disease symptoms may include a recent onset or change in vaginal discharge, odor, itching, or dyspareunia in women.

Women with the following characteristics are at greater risk of an STI:

**Chlamydia Risk Factors**

- Contact with a partner who is infected with an STI

*or*

- New sexual partner within the last 3 months and no barrier contraception.

Chlamydia trachomatis is an important sexually transmitted pathogen. In a low prevalence population for chlamydia, patients with dysuria, frequency, and urgency probably have a UTI. In a high prevalence population, these symptoms associated with sterile pyuria may be caused by chlamydia trachomatis. Other symptoms of chlamydial infection may include mucopurulent discharge (mucopus from the cervical os) and cervical friability. Gross hematuria is not a symptom of chlamydia.

***Evidence supporting this recommendation is of classes: C, M, R***

**7. Provider Evaluation**

Women with the symptoms and risk factors listed in Annotation #5, "Symptoms of or Risk for Other Genitourinary Disease," are at high risk for STIs and should receive closer evaluation. These patients should be scheduled for a provider (physician or paraprofessional) visit and should receive a pelvic exam.

Finding an STI does not rule out concomitant UTI, which could be treated with short course therapy.

**8. Patient/Provider Preference for Phone Treatment Without UA?**

Treatment of uncomplicated UTI over the phone (using a well developed protocol) for women between the ages of 18 and 65 is a reasonable practice. Patient education should be provided over the phone, handed out at the pharmacy, or mailed to the patient, and should include the following information:

- Prescribed therapy
- Prevention techniques
- **The need to return to the clinic if symptoms do not subside**

Of note, there is currently no data to suggest that risk of pregnancy increases with concomitant use of oral contraceptives and antibiotics recommended in this guideline.

***Evidence supporting this recommendation is of classes: D, R***

## **9. Short Course Therapy/Patient Education**

### **Key Points:**

- Short course therapy (3-day) with trimethoprim-sulfamethoxazole (TMP/SMX) is as effective as 10-day therapy with TMP/SMX with fewer side effects.

### **Short Course Therapy**

Symptomatic adult female patients with uncomplicated UTIs and a positive UA should be treated with short course therapy. After telephone screening to assess the symptomatology and presence of risk factors, short course therapy may be prescribed over the phone by a physician or via a clinic visit with a medical or paramedical provider.

The drugs recommended for short course therapy are as follows:

- Trimethoprim-sulfamethoxazole 1 twice daily x 3 days
- Trimethoprim 100 mg 1 twice daily x 3 days (Trimethoprim may have lower side effect profile than Trimethoprim sulfamethoxazole)

If allergic to Sulfa or Trimethoprim:

- Nitrofurantoin (Macrobid) 100 mg twice daily x 7 days
- Ciprofloxacin 250 mg twice daily x 3 days

Sulfa and Ciprofloxacin may cause an increase in INR values for patients taking warfarin.

***Evidence supporting this recommendation is of class R***

Refer to the original guideline document for more information about the comparative effectiveness of treatment duration.

## **11. Pyuria or Dipstick Abnormal?**

A growing body of literature supports the practice of presumptive treatment of UTI in women without complicating factors on the basis of symptoms alone. For clinicians more comfortable with laboratory evaluation as an aid to the diagnosis of UTI, the use of clean-catch urinalysis is recommended. A variety of criteria for positive urinalysis in acutely dysuric women is reported in the literature. While microscopy is strongly supported by the literature, a positive leukocyte esterase may also be acceptable. However, a dipstick

leukocyte esterase may not be sensitive enough to detect the degree of pyuria often associated with UTI.

One method for measuring pyuria, determining cells per microscopic high-power field in a centrifuged urine specimen, does not correlate well with either the leukocyte excretion rate or the hemocytometer chamber technique. However, most practices do not use a hemocytometer for measurement of white blood cells in urine; therefore, defining a level of white blood cells per high-power field (wbc/hpf) that is abnormal is a matter of sensitivity and specificity. There is agreement that greater than or equal to 6 wbc/hpf demonstrates a reasonable predictive value for UTI, but it is also known that UTIs can occur in symptomatic women with less than or equal to 6 wbc/hpf.

The presence of pyuria on urinalysis has high sensitivity (95%) but a relatively low specificity (71%) for infection. The presence of visible bacteria on microscopical examination is less sensitive but more specific (40 to 70% and 85 to 95%, respectively, depending on number of bacteria observed). Urinary dipstick testing has largely supplanted microscopy and urine-culture analysis, because the dipstick method is cheaper, faster, and more convenient. Dipsticks are most accurate when the presence of either nitrite or leukocyte esterase is positive, yielding a sensitivity of 75% and a specificity of 82%.

***Evidence supporting this recommendation is of classes: C, R***

## **12. Provider Evaluation**

Symptomatic women with a negative urinalysis should receive further evaluation as clinically indicated.

Within the population there may be some patients who do not appear to have a UTI by laboratory tests who will nonetheless respond to a trial of antibiotics. In addition, there may be patients who are well known to providers and who are known to be accurate historians who may not be able to come in for laboratory testing. In both cases, it may be reasonable to treat based on history without laboratory support.

## **13. Short Course Therapy/Phone Contact or Clinic Visit with a Medical Provider**

Patients should be encouraged to contact provider if symptoms have not resolved. Patients and providers should also understand that treatment with nitrofurantoin may take longer than treatment with TMP.

***Evidence supporting this recommendation is of classes: A, C***

### **Definitions:**

### **Classes of Research Reports:**

A. Primary Reports of New Data Collection:

Class A:

- Randomized, controlled trial

Class B:

- Cohort study

Class C:

- Nonrandomized trial with concurrent or historical controls
- Case-control study
- Study of sensitivity and specificity of a diagnostic test
- Population-based descriptive study

Class D:

- Cross-sectional study
- Case series
- Case reports

B. Reports that Synthesize or Reflect upon Collections of Primary Reports

Class M:

- Meta-analysis
- Systematic review
- Decision analysis
- Cost-effectiveness analysis

Class R:

- Consensus statement
- Consensus report
- Narrative review

Class X:

- Medical opinion

## **CLINICAL ALGORITHM(S)**

A detailed and annotated clinical algorithm is provided for the management of [Uncomplicated Urinary Tract Infection in Women](#).

## **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

### **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of supporting evidence is classified for selected recommendations (see "Major Recommendations").

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

- Symptom relief
- Accurate diagnosis of urinary tract infection (UTI)
- Appropriate antibiotic use
- Decreased use of urine culture as a guide in therapy of uncomplicated UTI

### POTENTIAL HARMS

- Sulfa and ciprofloxacin may cause an increase in international normalized ratio (INR) values for patients taking warfarin.
- Increasing resistance to trimethoprim-sulfa is a growing concern and is being monitored closely.
- Alarming increases in quinolone resistance are emerging internationally, which underscores the need to reserve ciprofloxacin for serious infection.

## CONTRAINDICATIONS

### CONTRAINDICATIONS

- *Nitrofurantoin* should not be used in patients with decreased renal function.
- *Ciprofloxacin* should not be prescribed to pregnant women, women in whom pregnancy is suspected, or breast-feeding women.

## QUALIFYING STATEMENTS

### QUALIFYING STATEMENTS

- These clinical guidelines are designed to assist clinicians by providing an analytical framework for the evaluation and treatment of patients, and are not intended either to replace a clinician's judgment or to establish a protocol for all patients with a particular condition. A guideline will rarely establish the only approach to a problem.
- This clinical guideline should not be construed as medical advice or medical opinion related to any specific facts or circumstances. Patients are urged to consult a health care professional regarding their own situation and any specific medical questions they may have.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

Once a guideline is approved for release, a member group can choose to concentrate on the implementation of that guideline. When four or more groups choose the same guideline to implement and they wish to collaborate with others, they may form an action group.

In the action group, each medical group sets specific goals they plan to achieve in improving patient care based on the particular guideline(s). Each medical group shares its experiences and supporting measurement results within the action group. This sharing facilitates a collaborative learning environment. Action group learnings are also documented and shared with interested medical groups within the collaborative.

Currently, action groups may focus on one guideline or a set of guidelines such as hypertension, lipid treatment, and tobacco cessation.

Detailed measurement strategies are presented in the original guideline document to help close the gap between clinical practice and the guideline recommendations. Summaries of the measures are provided in the National Quality Measures Clearinghouse (NQMC).

## IMPLEMENTATION TOOLS

Clinical Algorithm  
Pocket Guide/Reference Cards  
Quality Measures

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

## RELATED NQMC MEASURES

- [Uncomplicated urinary tract infection in women: percentage of women with uncomplicated urinary tract infection \(UTI\) with a urine culture performed at the initial encounter.](#)
- [Uncomplicated urinary tract infection in women: percentage of women with uncomplicated urinary tract infection \(UTI\) treated with recommended short course therapy.](#)
- [Uncomplicated urinary tract infection in women: percentage of women reporting satisfaction with their management of uncomplicated urinary tract infection \(UTI\) \(patient survey\).](#)

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Uncomplicated urinary tract infection in women. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 21 p. [34 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

1994 Jan (revised 2006 Jul)

### GUIDELINE DEVELOPER(S)

Institute for Clinical Systems Improvement - Private Nonprofit Organization

### GUIDELINE DEVELOPER COMMENT

Organizations participating in the Institute for Clinical Systems Improvement (ICSI): Affiliated Community Medical Centers, Allina Medical Clinic, Altru Health System, Aspen Medical Group, Avera Health, CentraCare, Columbia Park Medical Group, Community-University Health Care Center, Dakota Clinic, ENT Specialty Care, Fairview Health Services, Family HealthServices Minnesota, Family Practice Medical Center, Gateway Family Health Clinic, Gillette Children's Specialty Healthcare, Grand Itasca Clinic and Hospital, HealthEast Care System, HealthPartners Central Minnesota Clinics, HealthPartners Medical Group and Clinics, Hutchinson Area Health Care, Hutchinson Medical Center, Lakeview Clinic, Mayo Clinic, Mercy Hospital and Health Care Center, MeritCare, Mille Lacs Health System, Minnesota Gastroenterology, Montevideo Clinic, North Clinic, North Memorial Care System, North Suburban Family Physicians, Northwest Family Physicians, Olmsted Medical Center, Park Nicollet Health Services, Pilot City Health Center, Quello Clinic, Ridgeview Medical Center, River Falls Medical Clinic, Saint Mary's/Duluth Clinic Health System, St. Paul Heart Clinic, Sioux Valley Hospitals and Health System, Southside Community Health Services, Stillwater Medical Group, SuperiorHealth Medical Group, University of Minnesota Physicians, Winona Clinic, Ltd., Winona Health

ICSI, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; telephone, (952) 814-7060; fax, (952) 858-9675; e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org); Web site: [www.icsi.org](http://www.icsi.org).

### SOURCE(S) OF FUNDING

The following Minnesota health plans provide direct financial support: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, Metropolitan Health Plan,

PreferredOne, and UCare Minnesota. In-kind support is provided by the Institute for Clinical Systems Improvement's (ICSI) members.

## **GUIDELINE COMMITTEE**

Committee on Evidence-Based Practice

## **COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

*Work Group Members:* Mary Jo Kasten, MD (Work Group Leader) (Mayo Clinic) (Internal Medicine); Elizabeth Gravley, MD (Sioux Valley Hospital and Health System) (Family Medicine); David Olson, MD (Allina Medical Clinic) (Family Practice); David Strike, MD (HealthPartners Medical Group) (Infectious Disease); Sarah Schoolcraft, RN (Allina Medical Clinic) (Nursing); Sylvia Robinson, BSN, MBA (Institute for Clinical Systems Improvement) (Measurement and Implementation Advisor); Linda Setterlund, MA (Institute for Clinical Systems Improvement) (Facilitator)

## **FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

In the interest of full disclosure, Institute for Clinical Systems Improvement (ICSI) has adopted the policy of revealing relationships work group members have with companies that sell products or services that are relevant to this guideline topic. The reader should not assume that these financial interests will have an adverse impact on the content of the guideline, but they are noted here to fully inform readers. Readers of the guideline may assume that only work group members listed below have potential conflicts of interest to disclose.

No work group members have potential conflicts of interest to disclose.

ICSI's conflict of interest policy and procedures are available for review on ICSI's website at [www.icsi.org](http://www.icsi.org).

## **GUIDELINE STATUS**

This is the current release of the guideline.

This guideline updates a previous version: Institute for Clinical Systems Improvement (ICSI). Uncomplicated urinary tract infection in women. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jul. 21 p.

## **GUIDELINE AVAILABILITY**

Electronic copies: Available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](http://www.icsi.org).

Print copies: Available from ICSI, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; telephone, (952) 814-7060; fax, (952) 858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

## AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Uncomplicated urinary tract infection in women. Executive summary. Bloomington (MN): Institute for Clinical Systems Improvement, 2006 Jul. 1 p. Electronic copies: Available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](http://www.icsi.org).
- ICSI pocket guidelines. April 2006 edition. Bloomington (MN): Institute for Clinical Systems Improvement, 2006. 298 p.

Print copies: Available from ICSI, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; telephone, (952) 814-7060; fax, (952) 858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

## PATIENT RESOURCES

None available

## NGC STATUS

This summary was completed by ECRI on January 27, 2004. This summary was updated by ECRI on October 8, 2004. This summary was updated by ECRI on September 22, 2006. This summary was updated by ECRI Institute on July 28, 2008 following the U.S. Food and Drug Administration advisory on fluoroquinolone antimicrobial drugs.

## COPYRIGHT STATEMENT

This NGC summary (abstracted Institute for Clinical Systems Improvement [ICSI] Guideline) is based on the original guideline, which is subject to the guideline developer's copyright restrictions.

The abstracted ICSI Guidelines contained in this Web site may be downloaded by any individual or organization. If the abstracted ICSI Guidelines are downloaded by an individual, the individual may not distribute copies to third parties.

If the abstracted ICSI Guidelines are downloaded by an organization, copies may be distributed to the organization's employees but may not be distributed outside of the organization without the prior written consent of the Institute for Clinical Systems Improvement, Inc.

All other copyright rights in the abstracted ICSI Guidelines are reserved by the Institute for Clinical Systems Improvement, Inc. The Institute for Clinical Systems Improvement, Inc. assumes no liability for any adaptations or revisions or modifications made to the abstracts of the ICSI Guidelines.

## DISCLAIMER

## NGC DISCLAIMER

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at <http://www.guideline.gov/about/inclusion.aspx>.

NGC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI Institute, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

© 1998-2008 National Guideline Clearinghouse

Date Modified: 9/15/2008

